

|   |   |                           |  |   |   |  |            |
|---|---|---------------------------|--|---|---|--|------------|
| <b>SOLICITATION/CONTRACT/ORDER FOR COMMERCIAL ITEMS</b><br><i>OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, &amp; 30</i>   |   |                           |  | 1. REQUISITION NUMBER<br><b>16838</b>   |   | PAGE 1 OF<br><b>2</b>                                    |            |
| 2. CONTRACT NO.   |   | 3. AWARD/EFFECTIVE DATE   |  | 4. ORDER NUMBER   |   | 5. SOLICITATION NUMBER<br><b>SCO150-11-Q-N022</b>        |            |
| 7. FOR SOLICITATION INFORMATION CALL  |   | a. NAME<br><b>GSO/NAS</b> |  |   |   | b. TELEPHONE NUMBER(No collect calls)<br><b>383-2243</b> |            |
| 9. ISSUED BY<br><b>US EMBASSY - BOGOTA, COLOMBIA<br/>NARCOTICS AFFAIRS SECTION (NAS)<br/>CARRERA 45 NO.24B-27</b>   |   |                           |  | 10. THIS ACQUISITION IS<br><input checked="" type="checkbox"/> UNRESTRICTED<br><input type="checkbox"/> SET ASIDE:      % FOR<br><input type="checkbox"/> SMALL BUSINESS <input type="checkbox"/> EMERGING SMALL BUSINESS<br><input type="checkbox"/> HUBZONE SMALL BUSINESS SMALL BUSINESS<br><input type="checkbox"/> SERVICE-DISABLED VETERAN OWNED <input type="checkbox"/> 8(A)<br><br>NAICS:<br>SIZE STD: |   |  |            |
| 11. DELIVERY FOR FOB DESTINATION UNLESS BLOCK IS MARKED<br><input type="checkbox"/> SEE SCHEDULE  |   |                           |  | 12. DISCOUNT  |   |  |            |
|   |   |                           |  | 13a. THIS CONTRACT IS A RATED ORDER<br>13b. RATING  |   |  |            |
| 15. DELIVER TO:<br><b>NARCOTICS AFFAIR SECTION<br/>US EMBASSY - BOGOTA, COLOMBIA<br/>NARCOTICS AFFAIRS SECTION (NAS)<br/>CARRERA 45 NO.24B-27</b>   |   |                           |  | 14. METHOD OF SOLICITATION<br><input checked="" type="checkbox"/> RFQ <input type="checkbox"/> IFB <input type="checkbox"/> RFP   |   |  |            |
| 16. Administered by:<br><br><b>GSO-NAS CONTRACTING OFFICER</b>  |   |                           |  |   |   |  |            |
| 17.a. CONTRACTOR/OFFEROR CODE      FACILITY CODE<br><br>TELEPHONE NO:   |   |                           |  | 18a. PAYMENT WILL BE MADE BY<br><b>EMBAJADA AMERICANA<br/>Atte.: Sección de Pagos – NAS<br/>Carrera 45 No. 24B-27 – Puesto 2<br/>Bogota, Colombia</b>   |   |  |            |
| <input type="checkbox"/> 17b CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER   |   |                           |  | 18b. SUBMIT INVOICES TO ADDRESS SHOWN IN BLOCK 18a UNLESS BLOCK BELOW IS CHECKED <input type="checkbox"/> SEE ADDENDUM  |   |  |            |
| 19. ITEM NO.  | 20. SCHEDULE OF SUPPLIES/SERVICES   |                           |  | 21. QUANTITY  | 22. UNIT  | 23. UNIT PRICE   | 24. AMOUNT |
|   | <b><u>See Attachments</u></b><br><br>(Use Reverse and/or Attach Additional Sheets as Necessary) |                           |  |   |   |  |            |
| 25. ACCOUNTING AND APPROPRIATION DATA   |   |                           |  |   |   | 26. TOTAL AWARD AMOUNT (For Govt. Use Only)              |            |
| <input checked="" type="checkbox"/> 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.212-3 AND 52.212-5 ARE ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED.<br><input checked="" type="checkbox"/> 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FAR 52.212-5 IS ATTACHED. ADDENDA <input type="checkbox"/> ARE <input type="checkbox"/> ARE NOT ATTACHED. |   |                           |  |   |   |  |            |
| <input checked="" type="checkbox"/> 28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN <u>1</u> COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND ON ANY ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIED HEREIN.  |   |                           |  |   | <input type="checkbox"/> 29. AWARD OF CONTRACT: REF. _____ OFFER DATED _____. YOUR OFFER ON SOLICITATION (BLOCK 5), INCLUDING ANY ADDITIONS OR CHANGES WHICH ARE SET FORTH HEREIN, IS ACCEPTED AS TO ITEMS: |  |            |
| 30a. SIGNATURE OF OFFEROR/CONTRACTOR  |   |                           |  | 31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER)  |   |  |            |
| 30b. NAME AND TITLE OF SIGNER (TYPE OR PRINT)   |   | 30c. DATE SIGNED          |  | 31b. NAME OF CONTRACTING OFFICER (Type or Print)  |   | 31c. DATE SIGNED   |            |

| 19.<br>ITEM NO. | 20.<br>SCHEDULE OF SUPPLIES/SERVICES  | 21.<br>QUANTITY | 22.<br>UNIT | 23.<br>UNIT PRICE | 24.<br>AMOUNT |
|-----------------|---|-----------------|-------------|-------------------|---------------|
|                 | <p><b><u>52.217-9 OPTION TO EXTEND THE TERM OF THE CONTRACT (MAR 2000)</u></b></p> <p>(a) The Government may extend the term of this contract by written notice to the Contractor within the performance period of the contract or within 30 days after funds for the option year become available, whichever is later.</p> <p>(b) If the Government exercises this option, the extended contract shall be considered to include this option clause.</p> <p>(c) The total duration of this contract, including the exercise of any options under this clause, shall not exceed a <b><u>base year, plus four option years.</u></b></p> |                 |             |                   |               |

32a. QUANTITY IN COLUMN 21 HAS BEEN

☐ RECEIVED    ☐ INSPECTED    ☐ ACCEPTED, AND CONFORMS TO THE CONTRACT, EXCEPT AS NOTED: \_\_\_\_\_

|   |                     |                                 |   |                  |
|---|---------------------|---------------------------------|---|------------------|
| 32b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE          |                     | 32c. DATE                       | 32d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE                               |                  |
| 32e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE    |                     |                                 | 32f. TELEPHONE NUMBER OF AUTHORIZED GOVERNMENT REPRESENTATIVE                                     |                  |
|   |                     |                                 | 32g. E-MAIL OF AUTHORIZED GOVERNMENT REPRESENTATIVE   |                  |
| 33. SHIP NUMBER   | 34. VOUCHER NUMBER  | 35. AMOUNT VERIFIED CORRECT FOR | 36. PAYMENT   | 37. CHECK NUMBER |
| <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL |                     |                                 | <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL |                  |
| 38. S/R ACCOUNT NO.   | 39. S/R VOUCHER NO. | 40. PAID BY                     |   |                  |
| 41.a. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT  |                     | 42a. RECEIVED BY (PRINT)        |   |                  |
| 41b. SIGNATURE AND TITLE OF CERTIFYING OFFICER                  |                     | 42b. RECEIVED AT (Location)     |   |                  |
|   |                     | 42c. DATE REC'D (YY/MM/DD)      | 42d. TOTAL CONTAINERS   |                  |
| 41c. DATE   |                     |                                 |   |                  |